

Name  
in  
Full

W. W. Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Mar	Day 8	Age	Years 31	Months 12	Days 0
Sex	Female	Color or Race	Occupation		Newport		
Married, Single or Widowed	—	—		—			
Name of Wife or Husband	Emma Barber		—			—	
Father's Name	Sam Barber		Chas. Lio			Chas. Lio	
Mother's Maiden Name	Emma Mitchell		Chas. Lio			Chas. Lio	
Name of person giving information	Sam Barber		Parent			Parent	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Not Known S How long  
How long

Immediate

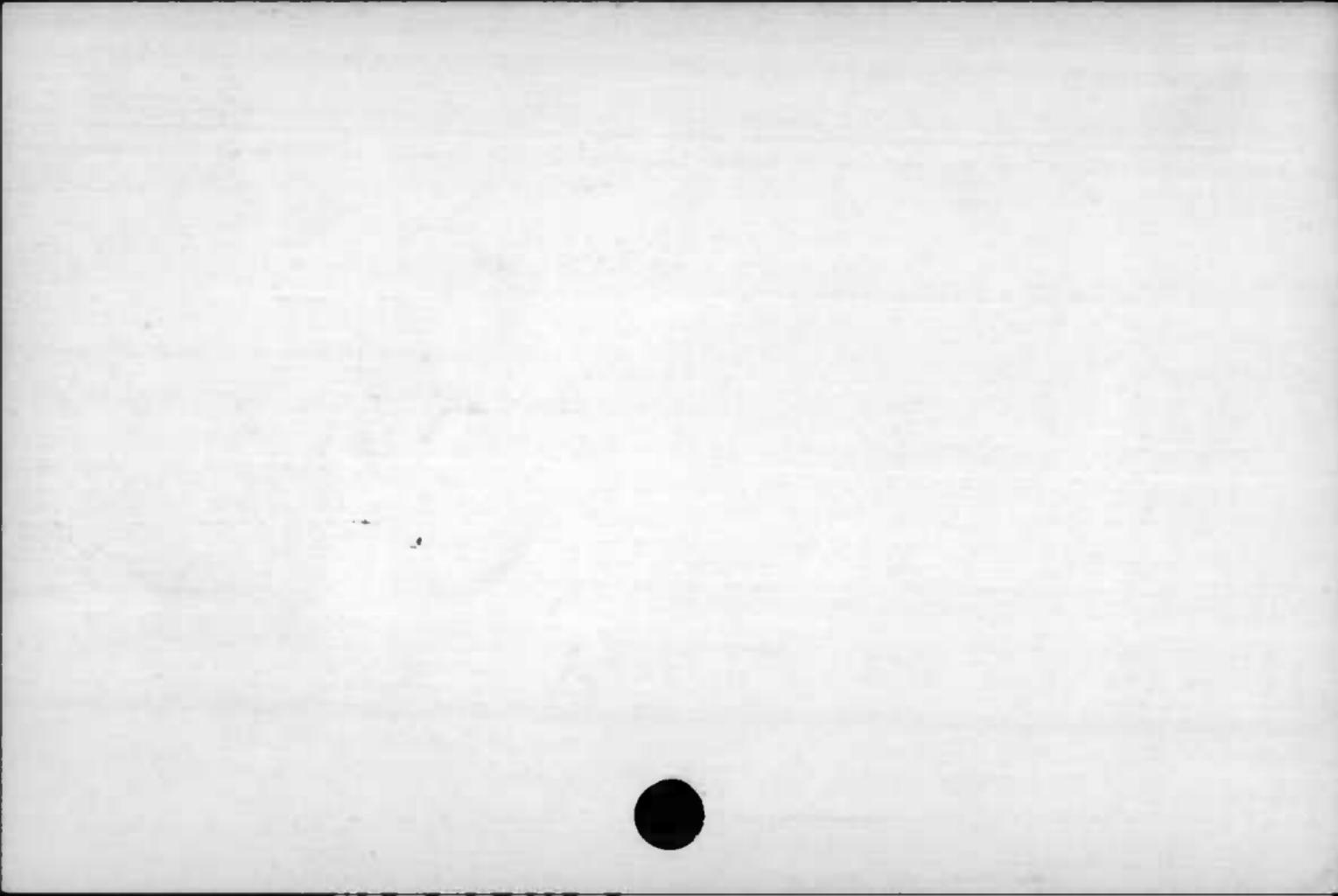
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Galt  
Surgeon Reg

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Near Welcome</u>		Town <u>Charles</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>4</u>	Years <u>18</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>black</u>	Birth-place <u>Charles Co</u>			
Occupation <u>Laundry</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>Smith Mahoney</u>	Father's Birthplace <u>Charles Co</u>				
Mother's Maiden Name <u>Maria Barber</u>	Mother's Birthplace <u>Charles Co</u>				
Name of person giving Information <u>Louis E Dent</u>	How related to deceased <u>father-in-law</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Eclampsia



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

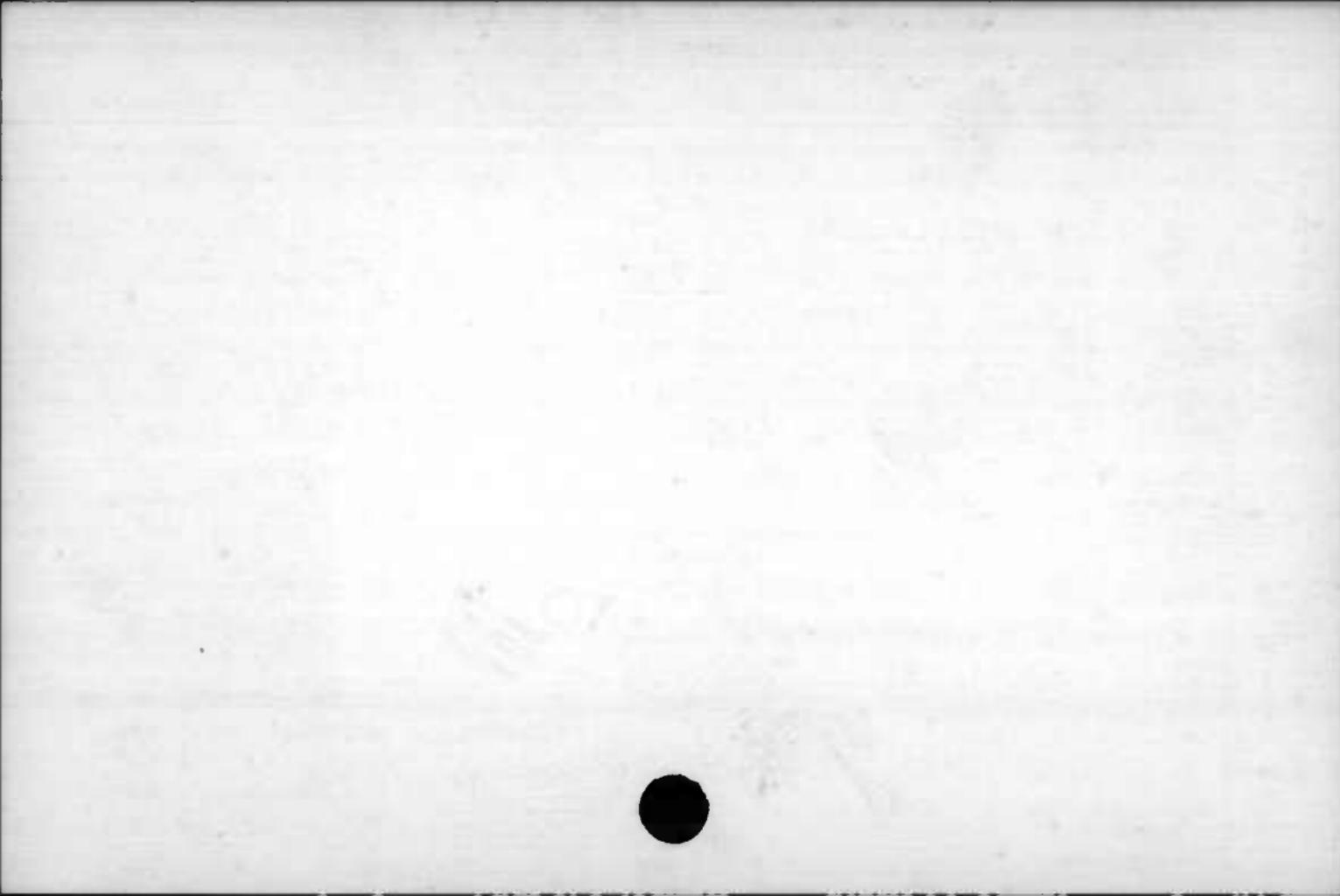
yes

Signature of Physician

Address

Thos. S. Gwin M.D.  
La Plata Md

Accident or Suicide?



Name  
in  
Full

Mary Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	3	25	21	—	—
Sex	Female	Color or Race	Black	Birth-place	Cedar Point
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Lake Butler				
Mother's Maiden Name	Maria Williams				
Name of person giving Information	John St. Greta				
Father's Birthplace	Chesapeake				
Mother's Birthplace	.. .. ..				
How related to deceased	Cousin				

## CAUSES OF DEATH

Primary

Consumption

How long

1 yr

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

None attending  
W.M. Brauner  
Sub-Reg

Accident or Suicide?

W. F. Brown  
South R. I.

Name  
in  
Full

Margaret L. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1905	Month	Day	Years	—	Months	11	Days
Sex Female	Color or Race		Blach		Mass.		
Married, Single or Widowed	Occupation		Single				
Name of Wife or Husband							
Father's Name	Willie Campbell				Md		
Mother's Maiden Name	Margaret Baswell				Ky.		
Name of person giving information	M. Campbell				Jefferson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

6 mo

Immediate

Malaria

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

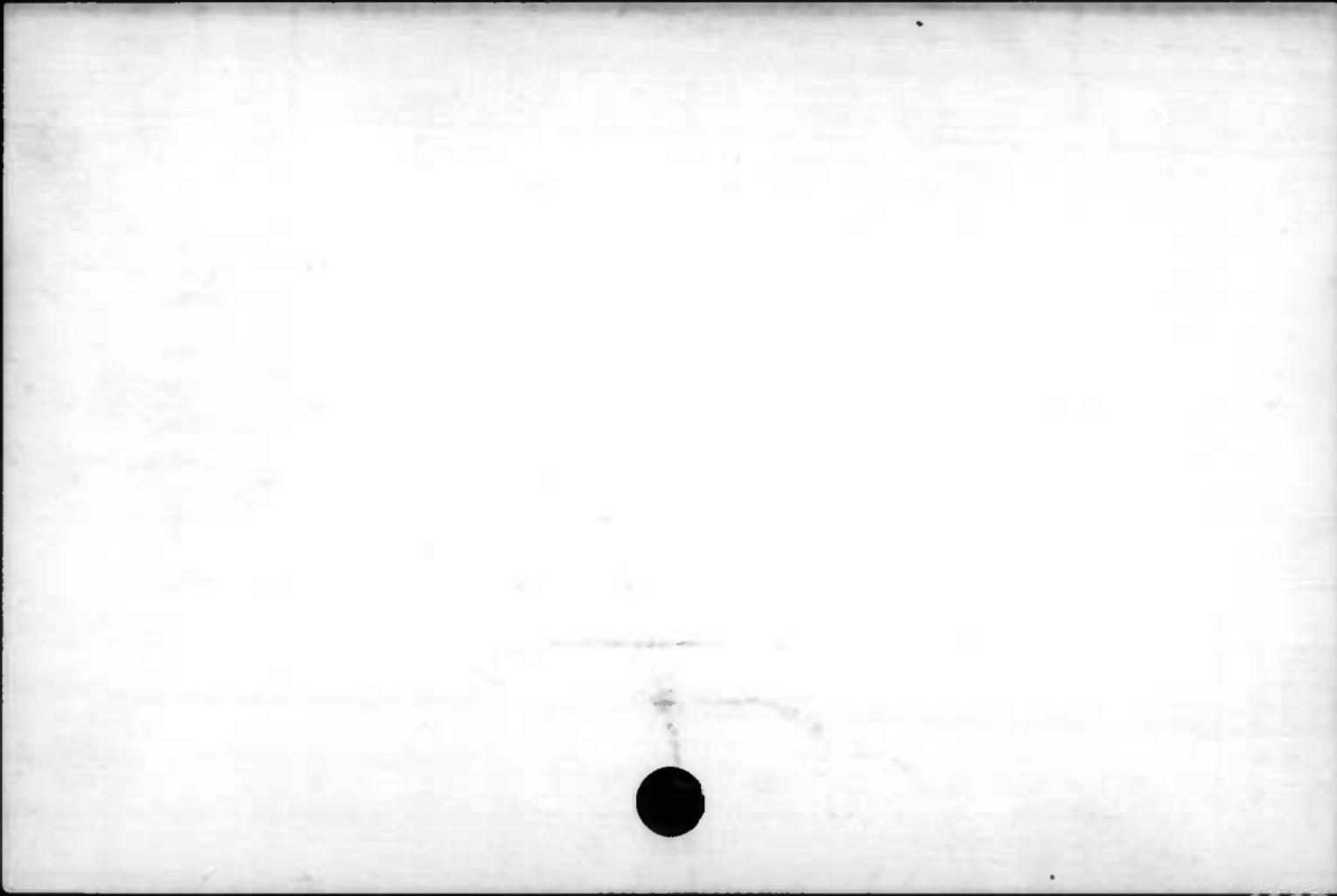
Address

W. L. Campbell

Hughesville

Md

Accident or Suicide?



TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Chickington</u>		Town	<u>Charles</u>		County	<u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>23</u>	Age	Years	Months	Days	<u>8</u>
Sex <u>Female</u>	Color or Race <u>B</u>			Birth-place	<u>Charles Co</u>		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>William F. Coffer</u>						
Mother's Maiden Name	<u>Rena Swann</u>						
Name of person giving Information	<u>William F. Coffer</u>						
X							
CAUSES OF DEATH							
Primary	<u>Pellagra - John Brown</u>					How long	<u>3 days</u>
Immediate	<u>Father did not know cause of death</u>					How long	<u></u>

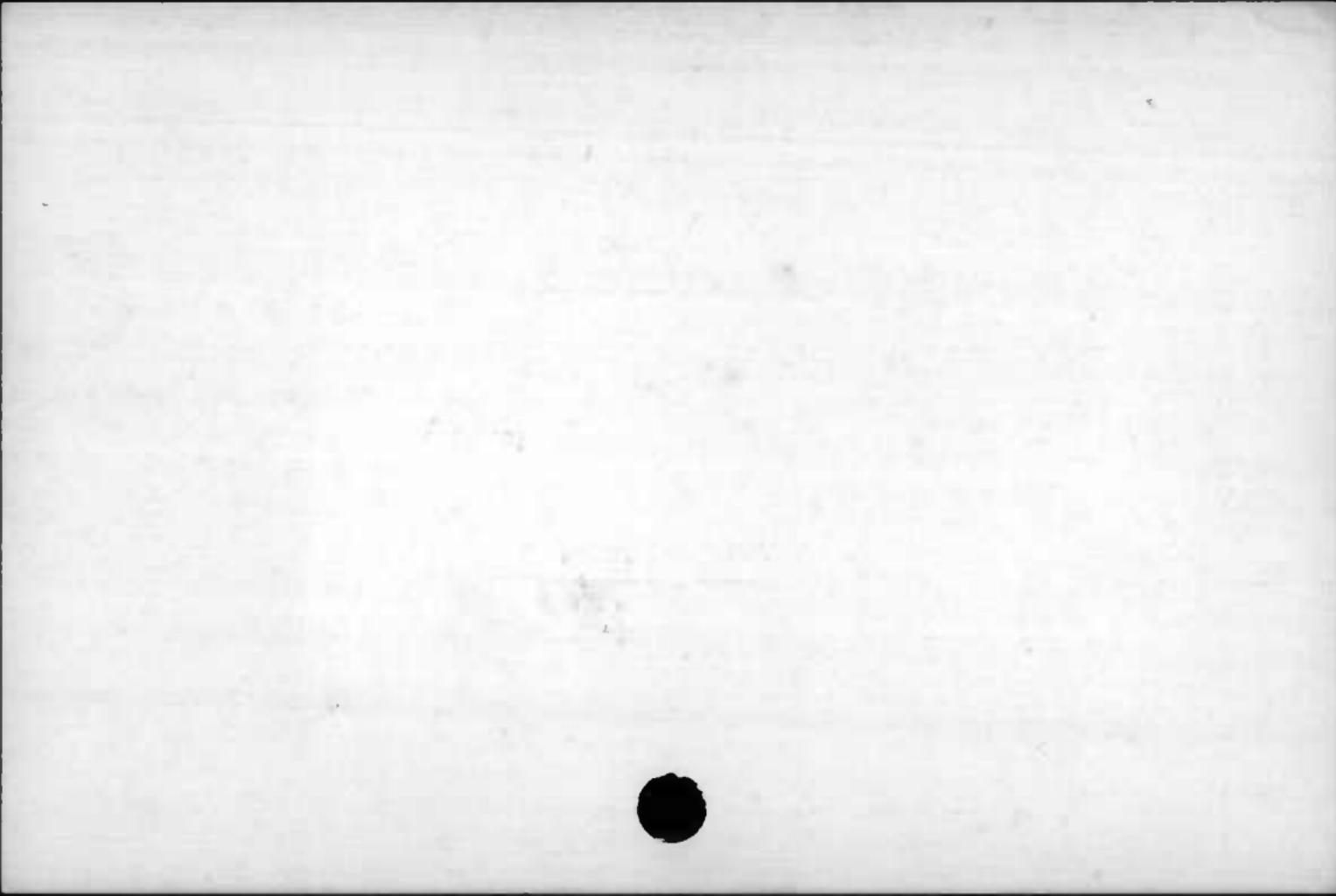
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Maximilian Clement  
From Sider p o  
Charles Co Md

Accident or Suicide?



Mrs. Camilla L. Edelen

Town		County			Occupation	
Hattone Creek		Charles			MARYLAND	
Month	Day	Y.	M.	D.	Native of	
1906 -	3-28	73 -			Maryland Housewife	
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower	Number of children living	

Husband of Dr. Edward Edelen

Wife

Father's Name		Mother's Name		How long sick
Dr. Joseph Lancaster		Miss Henrietta Lancaster		
Cause of Death		Primary Chronic Drunkenness + Paralysis		2 1/2 mo.

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

(6)

ED

6

J. L. Giddon M.D.  
Wayzata, Minn.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Caroline Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died Near Port Tobacco		Town	County	MARYLAND		
Date of death 1905	Month March	Day 31 <sup>st</sup>	Years Age 26	Months 3	Days 3	
Sex Female	Color or Race colored	Birth- place Charles Co				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Gus Franklin					
Father's Name Robert T. Morris			Father's Birthplace Charles Co			
Mother's Maiden Name Ellen Wood			Mother's Birthplace Charles Co			
Name of person giving Information Gus Franklin			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis	How long about 12 mos
Immediate Cardiac Asthma exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide?	Thos. S. Owen La Plata Md



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

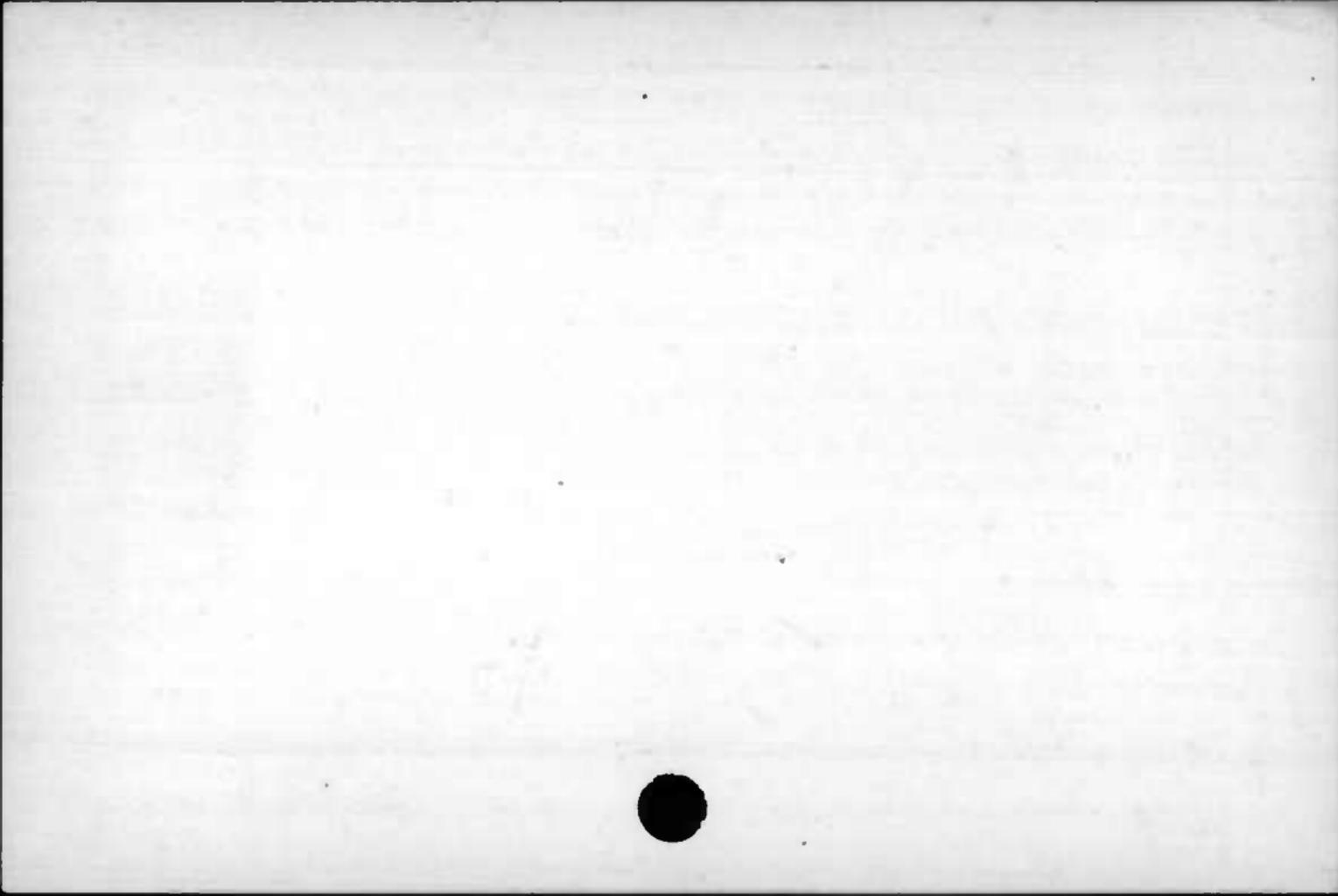
Sydney Wheeler Golden

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Dorchester	
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	Sidney S Golden		Charles Co Md		
Mother's Maiden Name	Dorothy Wheeler		Mother's Birthplace		
Name of person giving information	Arthur. Golden		How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cold & Laryngeal		How long
	Immediate	V		3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Maximilian Clements	
		Address	Geo Regis	
Accident or Suicide?				



Name  
in  
Full

Bessina A. Hally

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 72			
Occupation	House keeper		Where Residing if not at place of death		Home.	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Thomas B. Hally		Father's Birthplace		Ohar. Co. Ind.	
Mother's Maiden Name	Maria Turner		Mother's Birthplace		Ohar. Co. Ind.	
Name of person giving information	J. Thomas Hally		How related to deceased		Brother	
CAUSES OF DEATH						
Primary	Acute Bronchitis		How long		One week	
Immediate	Weak Heart		How long		No	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

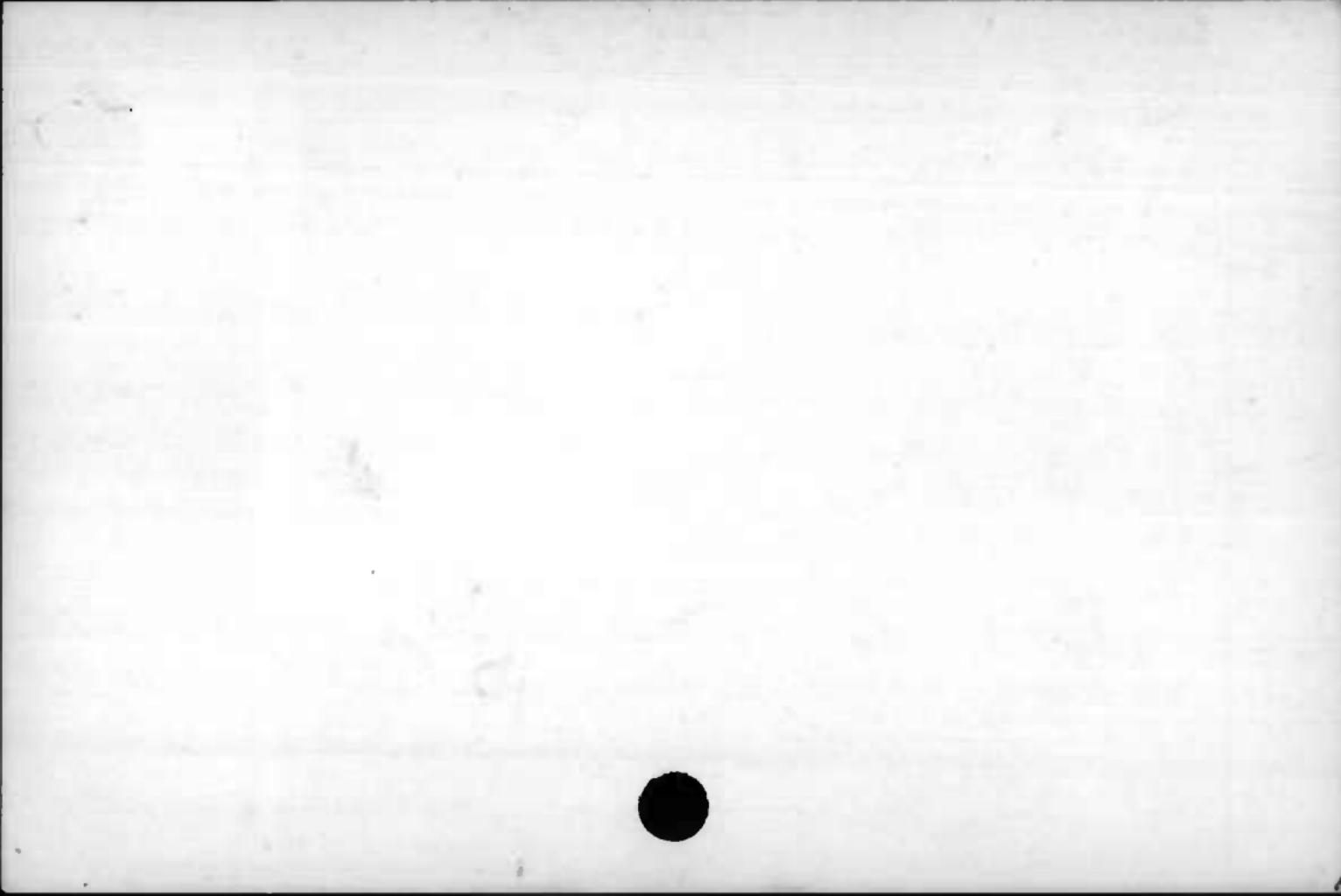
Signature of Physician

Yes

Address

Accident or Suicide?

No



Name  
in  
Full

William Joseph Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 12	Day 1	Years	Months	Days	
Sex	Male	Color or Race	Black		Birthplace		
Occupation	Welder		Where Residing if not at place of death		Baltimore		
Married, Single, or Widowed	Single		Name of Wife or Husband				
Father's Name	William Johnson				Father's Birthplace		
Mother's Maiden Name	Johnson Combs				Mother's Birthplace		
Name of person giving information	William Johnson				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

On death

✓93

Immediate

Are the name, age, sex, color, date and place correctly given above?

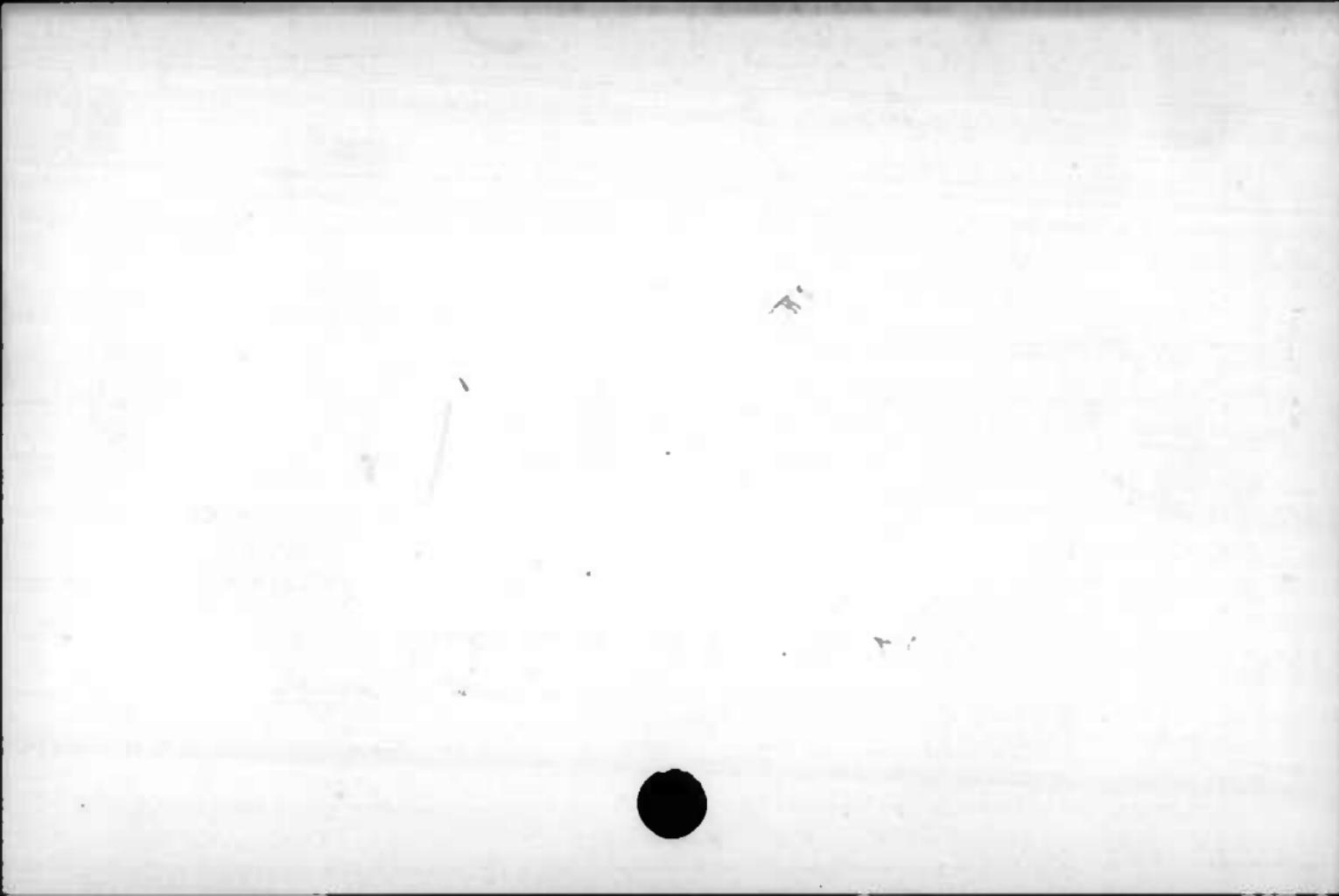
Signature of Physician

Address

Henry G. Johnson  
Sub Ray

Mr

Accident or Suicide?



Name  
in  
Full

Ann Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Black	Birth-place	Charles Co Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	At Home			
Father's Name	Charles Marshall			Father's Birthplace	Died	
Mother's Maiden Name	E Penney			Mother's Birthplace	Died	
Name of person giving information	Hanson Jackson			How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Conv

How long

Short while

Immediate

Exhaleation

How long

..

Are the name, age, sex, color, date and place correctly given above?

Ex

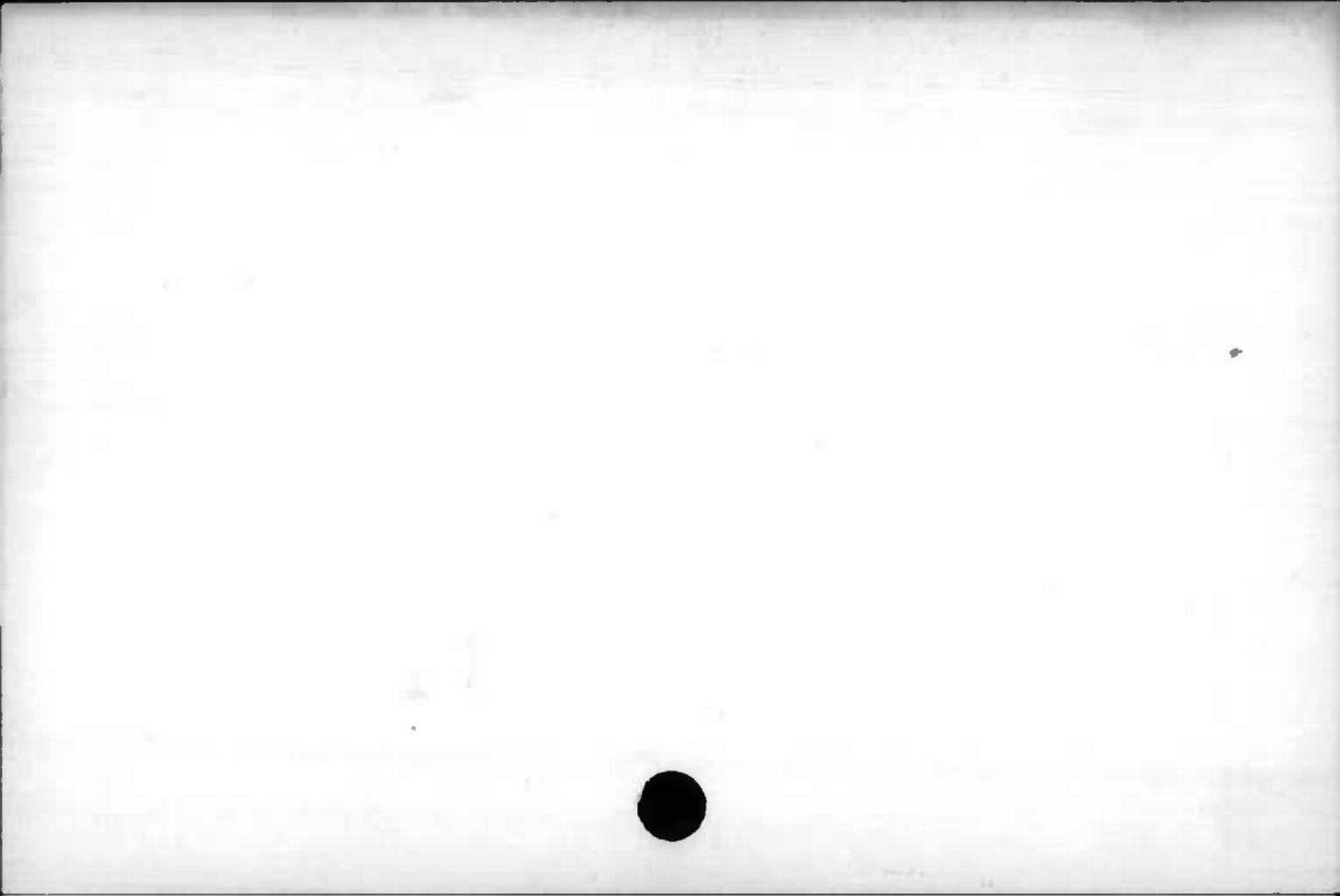
Signature of Physician

Address

G Monroe

Waldorf Md

Accident or Suicide?



Name  
in  
Full

Lucinda Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Mar.	Day 17	Years 69	Months	Days
Sex	Female	Color or Race	African		Birth-place	Charles Co
Occupation	Mid wife		Where Residing if not at place of death		—	
Married, Single or Widowed	Widow	Name of Husband	Frank Mathews		—	
Father's Name	James Young		—		Father's Birthplace	Charles Co
Mother's Maiden Name	Martha —		—		Mother's Birthplace	Charles Co
Name of person giving information	Sam Barker		—		How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(Fetid) Bronchitis

How long

years

Immediate

Septicemia

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Spencer

Bl. Altan

Charles Co Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Doncaster</u>		Town	<u>Charles</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>6</u>	Years <u>26</u>	Age <u>26</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>78</u>			Birth-place <u>Charles Co Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>near Doncaster</u>						
Married, Single or Widowed	Name of Wife or Husband <u>Janie Brown</u>				Father's Birthplace <u>Charles Co</u>		
Father's Name <u>William Adam Morris</u>					Mother's Birthplace <u>1 1 1</u>		
Mother's Maiden Name <u>Dora Morris</u>					How related to deceased <u>Uncle</u>		
Name of person giving information <u>William Morris</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

5 days

Immediate

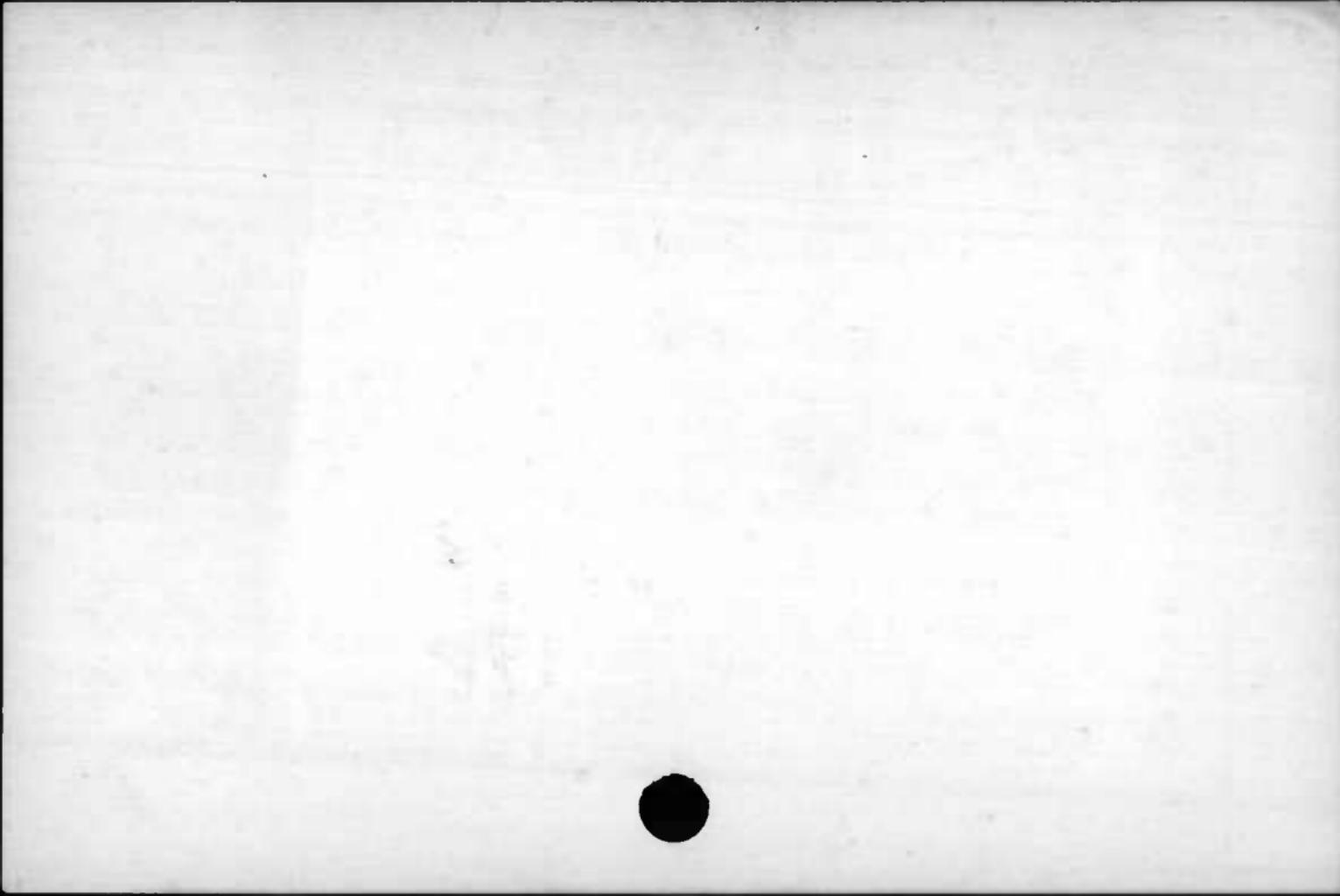
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Maximilian Clement  
Sub Regt.

Accident or Suicide?



Name  
in  
Full

Joseph Robert Edelin Murray

CERTIFICATE OF DEATH

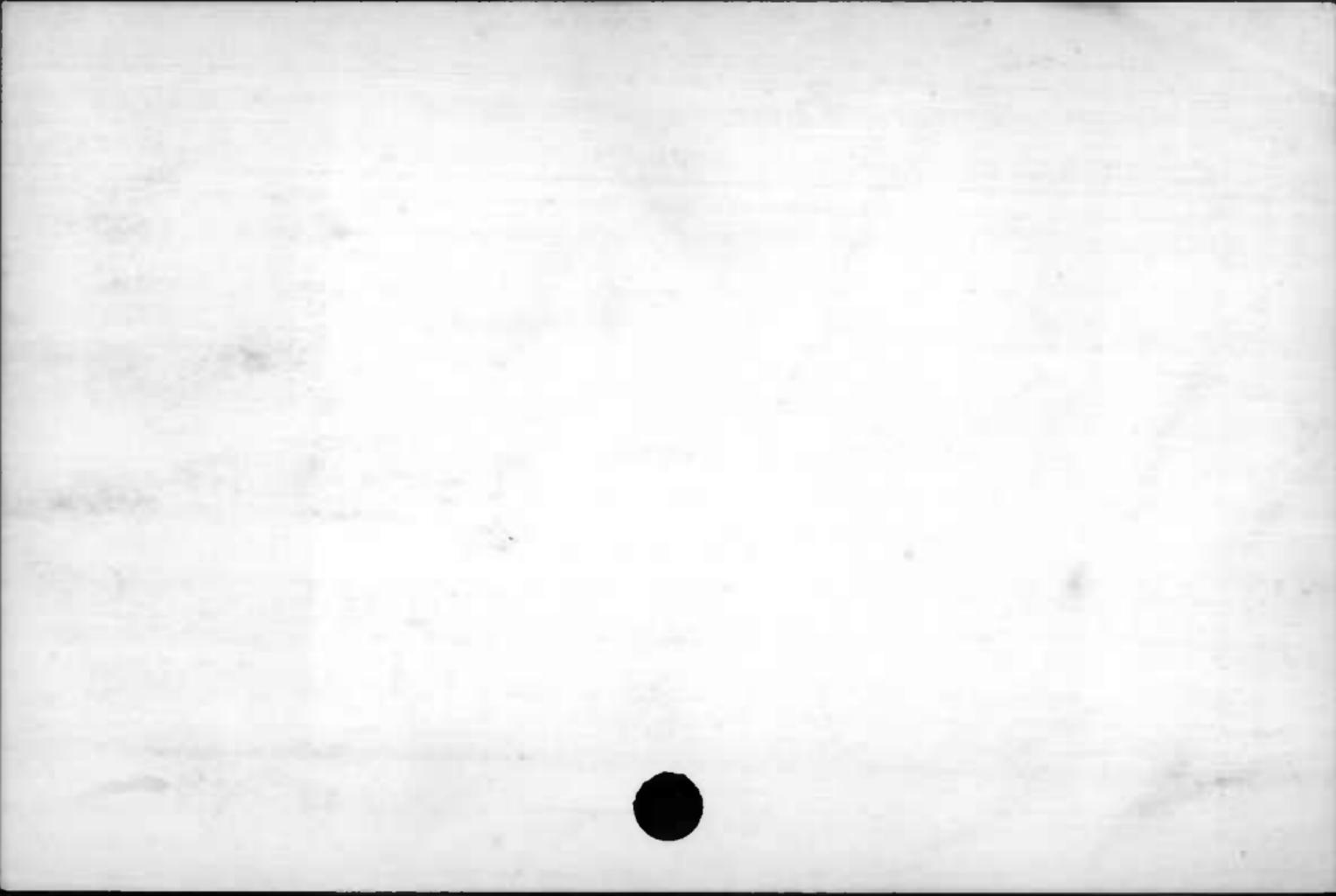
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	March	13 <sup>th</sup>	17	3	13
Sex	Male	Color or Race	White	Birth-place	Charles Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		St. Thomas Manor		
Single	William Allen Murray		Father's Name	Charles Co.	
Mother's Maiden Name	Mary Henrietta Edelin		Father's Birthplace	Prince Geo Co.	
Name of person giving Information	Gabriel F. Howell		Mother's Birthplace	No Relation	
How related to deceased					

CAUSES OF DEATH

Primary	Pulmon Tuberculosis		How long
Immediate	Aerhuria		9 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		E. J. Howell	6 months
		Address	1011 Atlantic
			West
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Alexander Norris

CERTIFICATE OF DEATH

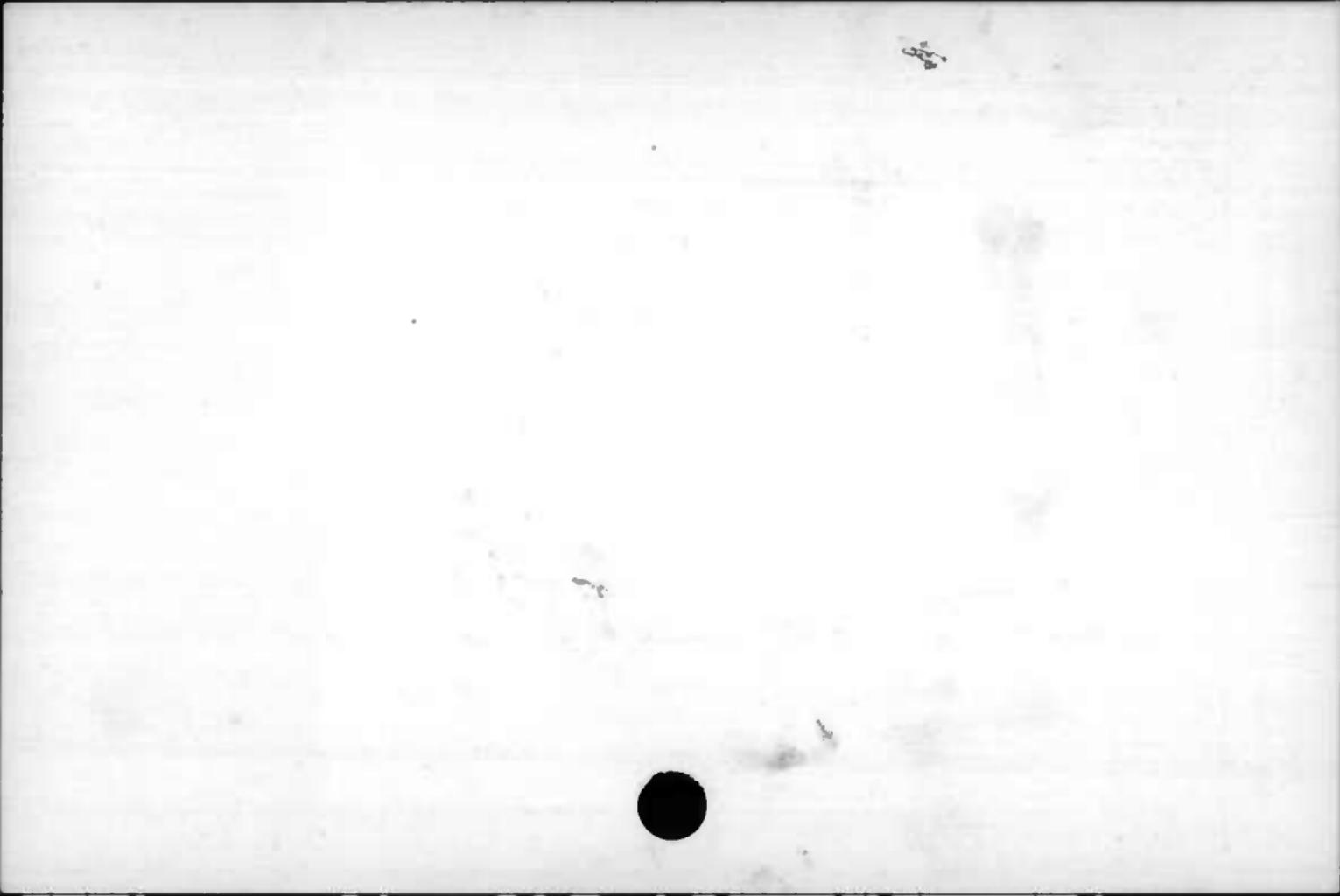
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chapel Point</u>		Town <u>Chapel Point</u>		County <u>Charles</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>1</u>	Age <u>Years</u>	Years <u>1</u>	Months <u>—</u>	Days <u>9</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>Where Residing if not at place of death</u>				Birth-place <u>Chapel Point</u>	
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Robert Norris</u>	Father's Birthplace <u>Charles Co.</u>						
Mother's Maiden Name <u>Hattie Duckett</u>	Mother's Birthplace <u>Charles Co.</u>						
Name of person giving Information <u>Mrs. Frances A. Posey</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

Primary <u>Strangled in bed, by bed covering</u>	How long <u>Don't know</u>
Immediate <u>Suffocation</u>	How long <u>Dead when found.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Peter W. Roby J.P. Coroner</u>
Yes	Address <u>Bethel</u>
Accident <u>—</u> Suicide <u>—</u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

C. B. Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	La Plata			County	Charles	
Died at	Month	Day	Years	Months	MARYLAND	
Date of death	1905	March	13	Age	62	Days
Sex	Male	Color or Race	white	Birth-place	Charles Co	
Occupation	Blacksmith & wheelwright			Where Residing if not at place of death	—	
Married, Single or Widowed	widower	Name of Wife or Husband				
Father's Name	Judson S. Padgett,			Father's Birthplace	Charles Co	
Mother's Maiden Name	Mary Roper			Mother's Birthplace	"	
Name of person giving information	Chas B Padgett Jr.			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asthma & Pneumonia	193	How long
Immediate	Cardiac asthma		7 days
Are the name, age, sex, color, date and place correctly given above?		How long	

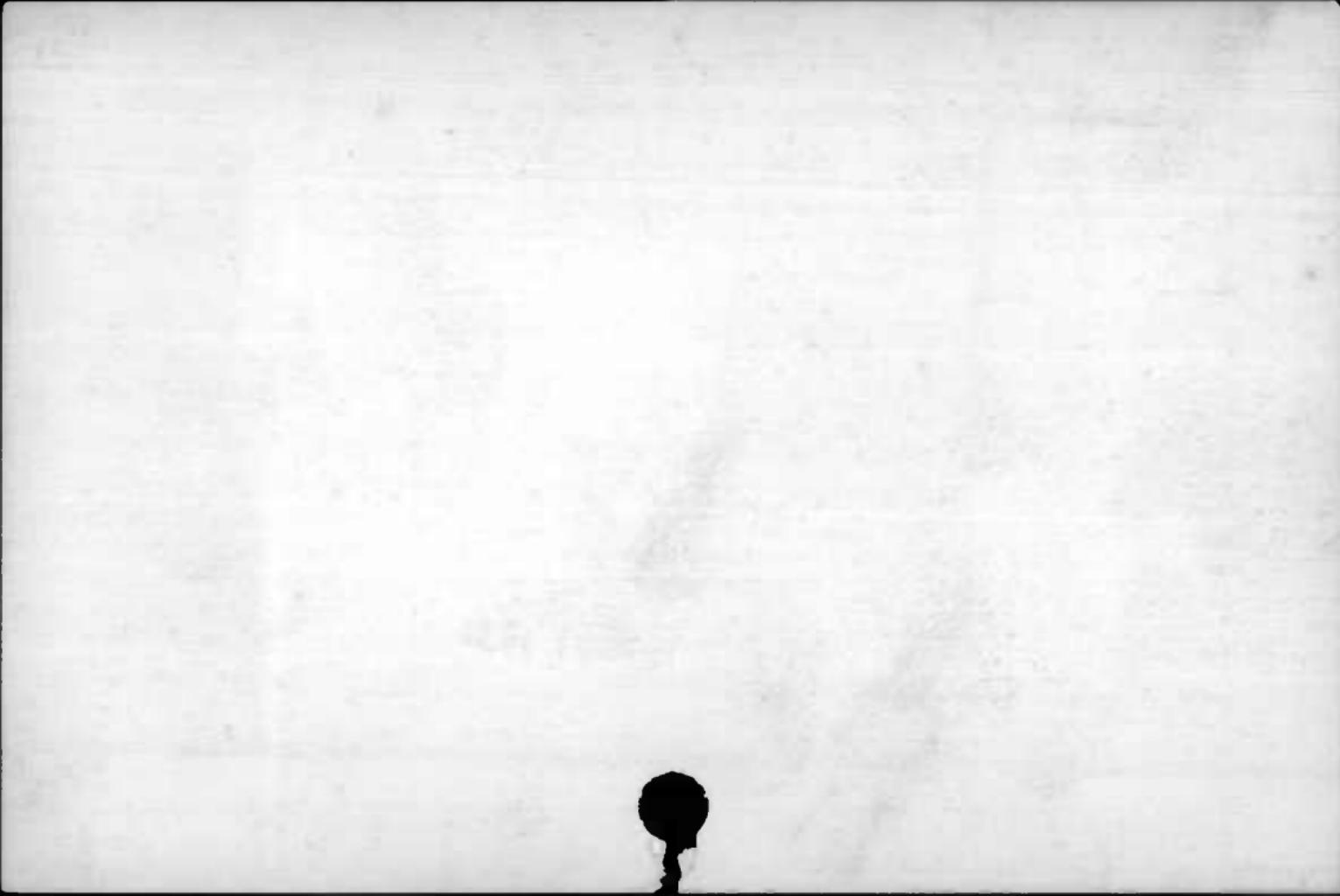
70

Signature of Physician

Address

Chas S. Owen m.d.  
La Plata,  
Md.

Accident or Suicide?



Name  
in  
Full

Marcellious Guy Pickrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Berry</u>		Town <u>Chas</u>	County <u>Chas Co Md</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>March</u>	Day <u>16</u>	Age <u>7</u>	Years	Months	Day
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Chas Co Md</u>				
Married, Single or Widowed <u>—</u>	Occupation <u>—</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>Marcellious Pickrall</u>	Father's Birthplace <u>Chas Co</u>					
Mother's Maiden Name <u>Anna Williams</u>	Mother's Birthplace <u>Chas Co</u>					
Name of person giving information <u>Marcellious Pickrall</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Choked</u>	How long <u>176</u> <u>Hour</u>
Immediate <u>Suffocation</u>	How long <u>Immediat-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Now in Attendance</u> Address <u>S. H. Pickrall</u>
Accident or Suicide?	Sub. Reg: <u>Waldorf</u>



Name  
in  
Full

Eliza Robbins Sewell

CERTIFICATE OF DEATH

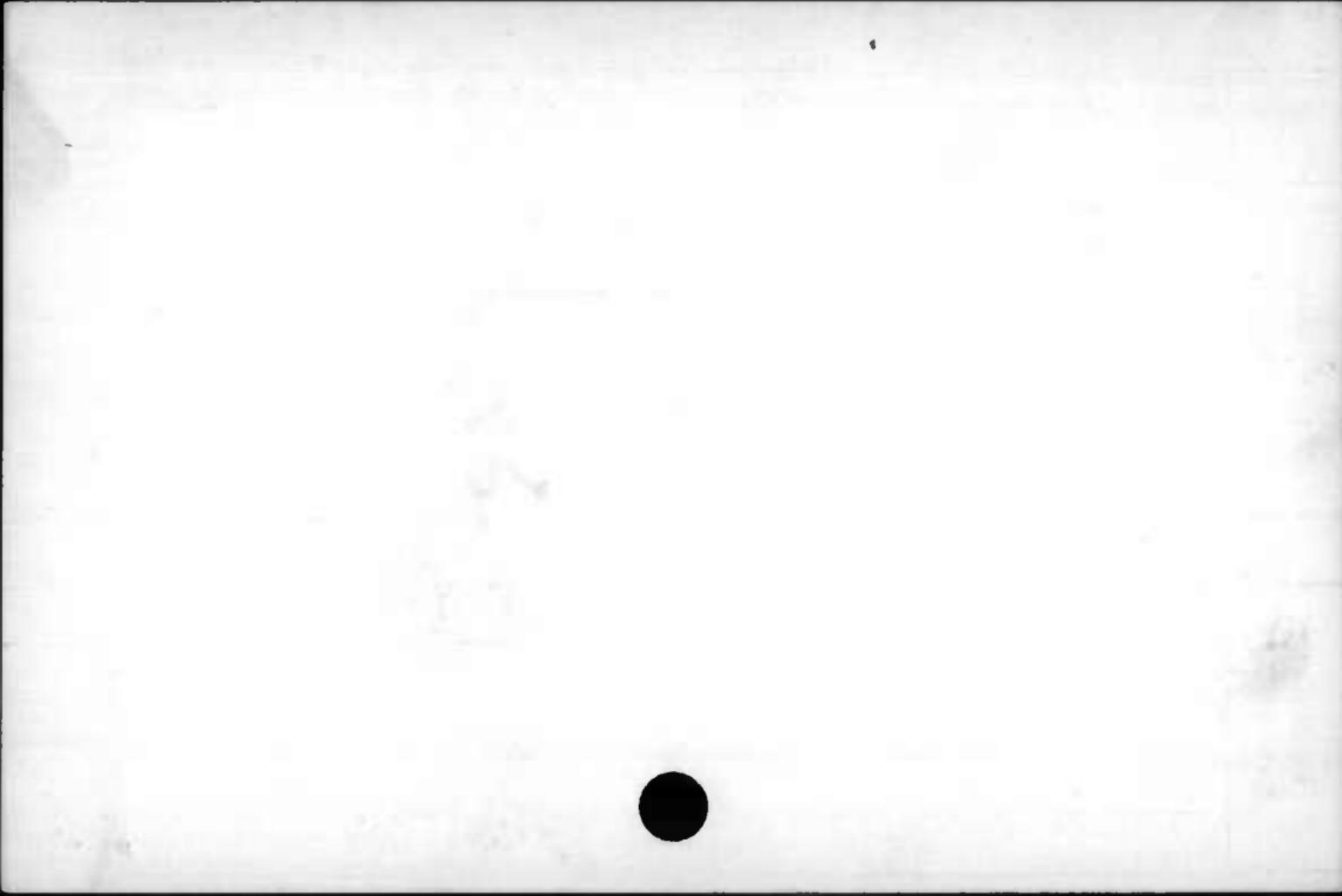
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bel Alton	Charles				
Date of death	Month	Day	Years	Months	Days
1905	Mar.	5	Age 67		
Sex	Female	Color or Race	African	Birth-place	Charles Co.
Occupation	Midwife	Where Residing If not at place of death	Mc Clenachia		
Married, Single or Widowed	Widowed	Name of Wife or Husband	George Sewell	Father's Birthplace	Charles Co.
Father's Name	Thomas Robbins	Mother's Birthplace	Charles Co.		
Mother's Maiden Name	Maria Buster	How related to deceased	Brother		
Name of person giving information	Joe. Robbins				

CAUSES OF DEATH

Primary	Tuberculosis Pulmon.	How long	3 years
Immediate	Asthma & La Gripa	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Francisco
		Address	Bel Alton
Accident or Suicide?			Charles Co., Md.

PHYSICIAN  
OR CORONER



Name  
in  
Full

John David Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Mar.	Day 26	Years 55	Munths	Days
Sex	Male	Color or Race	African		Birth-place	Charles Co.
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Simms		Father's Birthplace	Charles Co.
Father's Name	John Simms				Mother's Birthplace	Charles Co.
Mother's Maiden Name	Sussey Anne (not known)				How related to deceased	Son
Name of person giving information	John Francis Simms					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac Thyroid 9 years

Immediate

Loss Compensation 16 Weeks

Are the name, age, sex, color, date and place correctly given above?

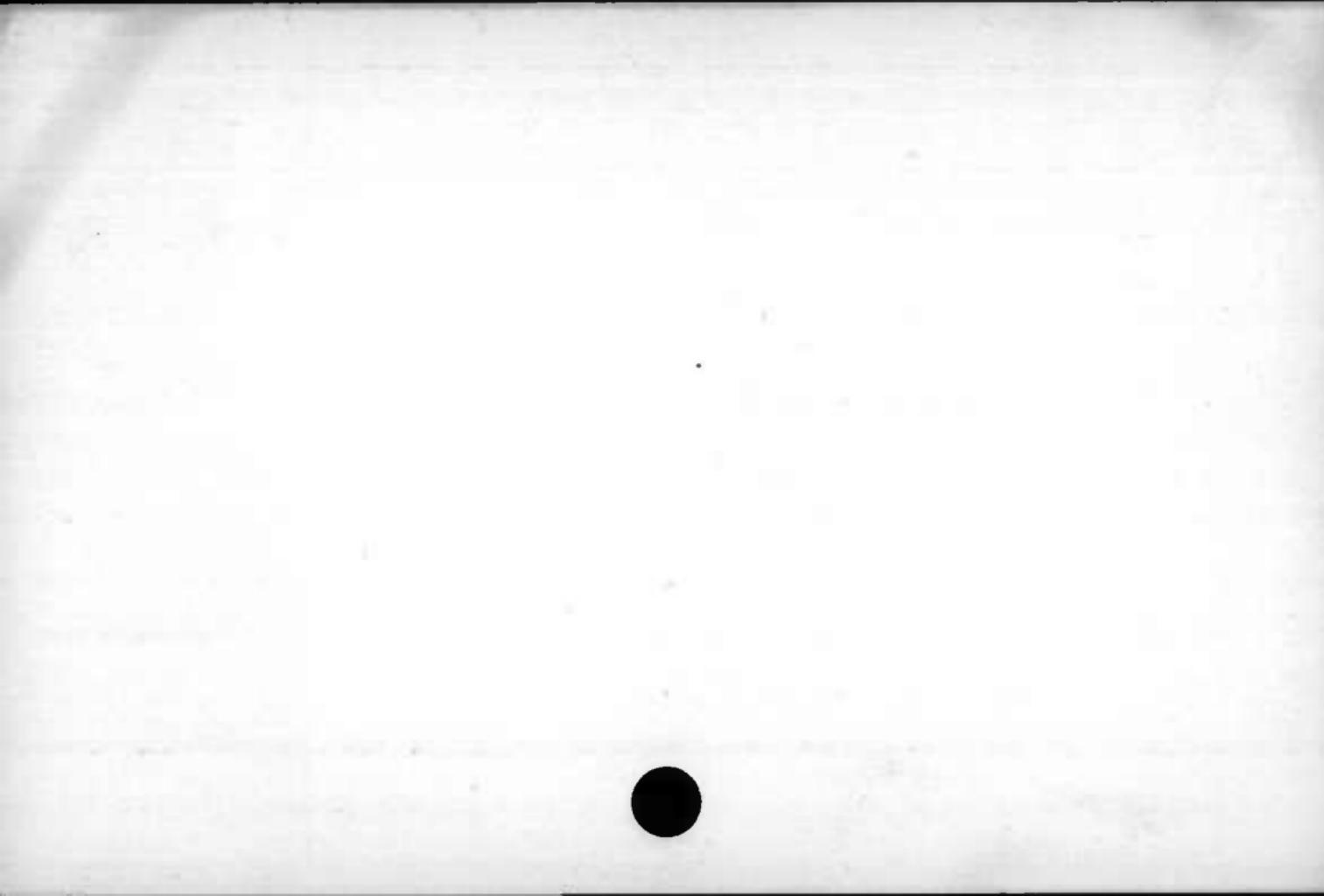
yes

Signature of Physician

Address

Effingerton  
Bel Alton  
MD

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jessie Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County	
Date of death	1905	Month March	Day 26	Years 3
Sex	Male	Color or Race	Black	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Simpson			
Mother's Maiden Name	Nellie Jackson			
Name of person giving information	W. W. Bosley 79			

CAUSES OF DEATH

Primary

Disease of heart with Drapay

How long

12 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

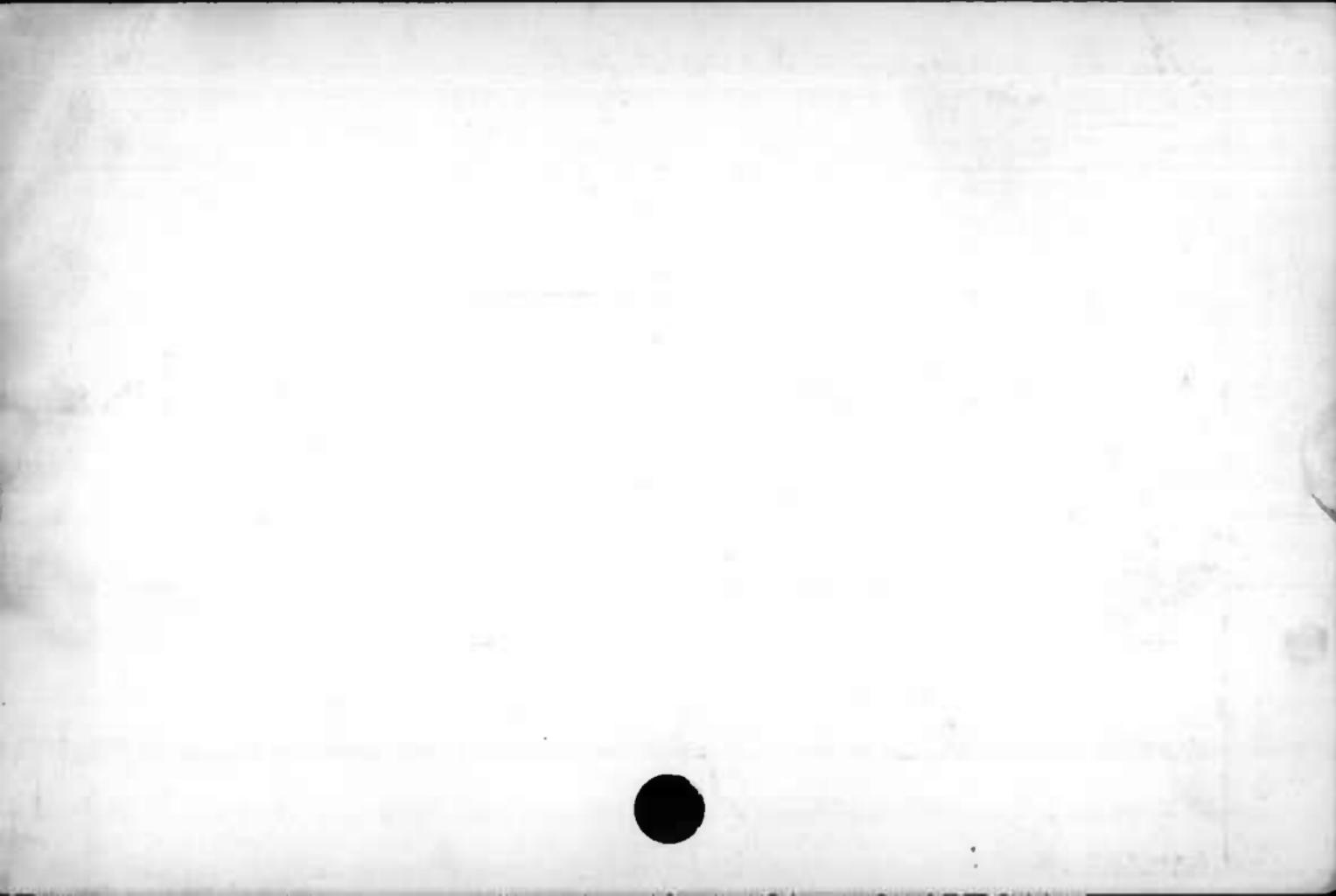
yes

Signature of Physician

Address

S. H. Speake  
Grayson

Accident or Suicide?



## Infant-Child of Frances Tubman CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Doncaster</u>		Town <u>Charles</u> County		MARYLAND		
Date of death <u>1909</u>	Month <u>March</u>	Day <u>4th</u>	Years <u>Still Born</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>20</u>		Birth-place <u>Charles</u>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <u>Charles Edmd</u>		
Father's Name <u>Joe Tubman</u>		Mother's Maiden Name <u>Frances Weston</u>		Mother's Birthplace <u>- - -</u>		
Name of person giving Information <u>Ann Johnson</u>		How related to deceased <u>Friend</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

How long

Immediate

How long

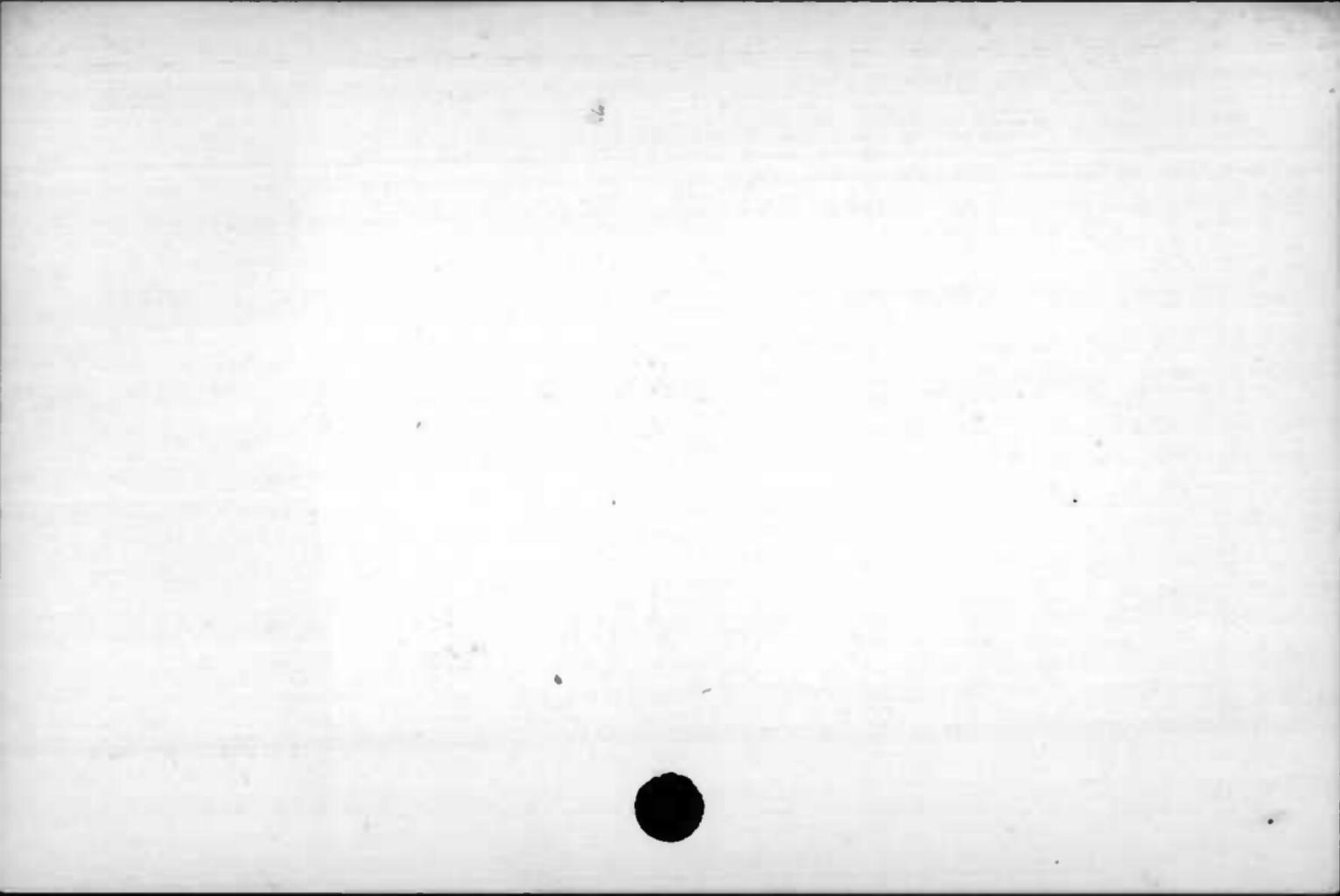
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Macmillan Clement  
Sub Regt

Accident or Suicide?



Name  
in  
Full

Mary L. Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days	
Female	Color or Race	Age	3	—	—	
Married, Single or Widowed	Occupation	Birth-place				
Name of Wife or Husband	Singer	Md				
Father's Name	Andrew Woodland			Father's Birthplace	Md	
Mother's Maiden Name	Margaret Davis			Mother's Birthplace	Md	
Name of person giving Information	Andrew Woodland			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Gastritis

How long

4 days

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

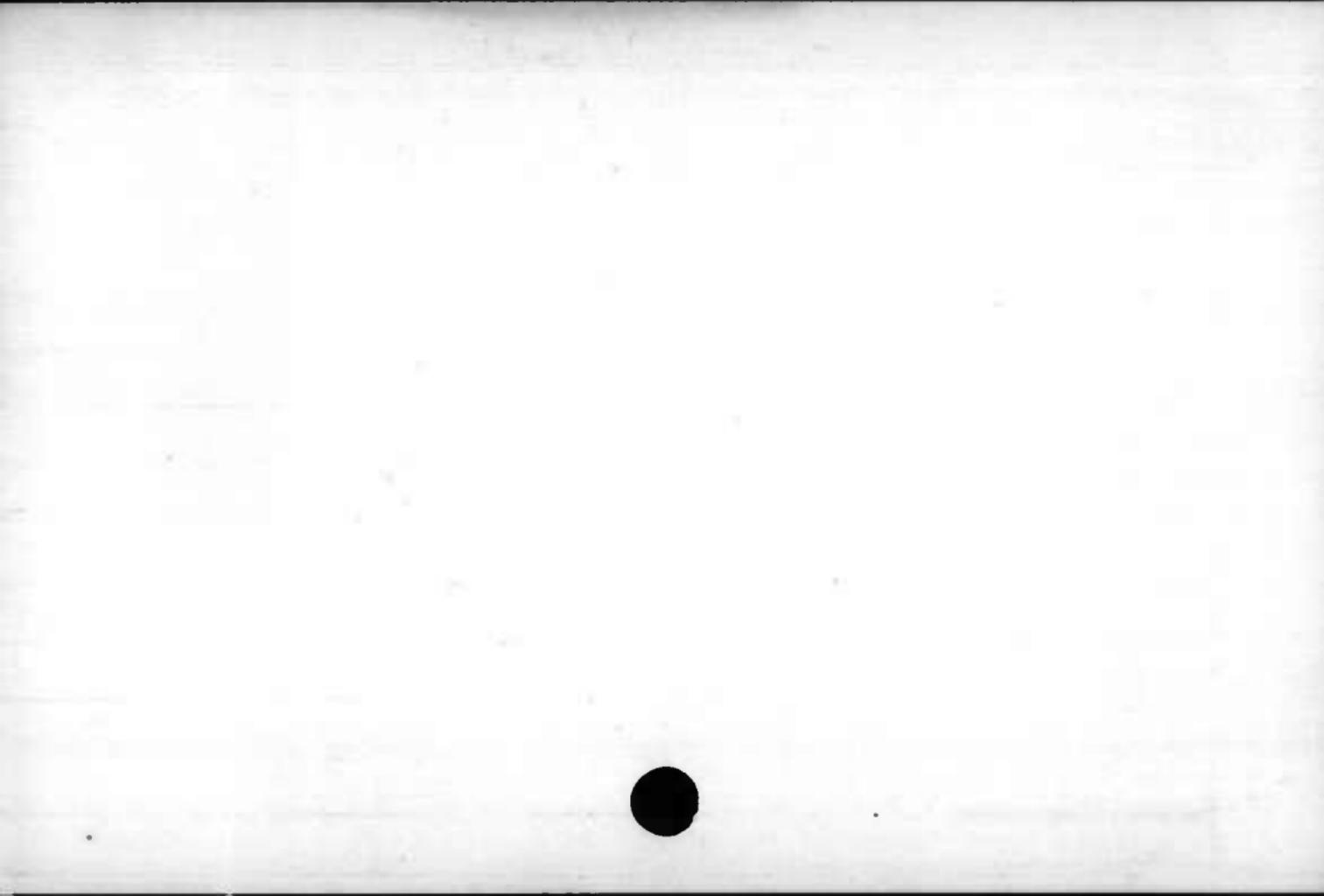
Signature of Physician

Address

H. C. Choppeller

Henry Choppeller

Accident or Suicide?



Name  
in  
Full

Blanche Yalis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	W J Yalis			Father's Birthplace	Chas Leo
Mother's Maiden Name	Ann Wallin			Mother's Birthplace	Chas Leo
Name of person giving information	W J Yalis			How related to deceased	Parent-

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

1 yr

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. Yalis  
Subj Reg

Accident or Suicide?

